SOFTWARE CONFIGURATION MANAGEMENT FORM

Instructions: Use this form as a cover sheet to identify documents submitted in support of software. It may also be used to report defects or to withdraw or retire previously released software.

Software Identification				
Software Name:				
Software Version/Release:				
Purpose				
Document routing and approval (see b	elow).			
Defect report (see below).				
Distribution (additional users of release	ed software, see belo	ow).		
☐ Withdraw/retire the identified software: YMP-LBNL Approval				
		Project Manager	Date	
Document Routing and Approval (approval indicates that documents meet the				
requirements of the procedure except as noted*)	Submitted by:	Date	Date	
Requirements Specification				
Review				
Design Description				
Review				
Software User Documentation				
Review				
Software Validation Report				
Review				
Source and/or executable code				
Software Defect Resolution Report				
Review				
*Comments:		tware EA Specialist	Date	
	Approval			
	Pro	eject Manager	Date	

SOFTWARE CONFIGURATION MANAGEMENT FORM (Continued)

Software Defect Report				
On an attachment describe and document as completely as possible any suspected defects in the identified software. Forward directly to the Technical Contact for concurrence.				
☐ No defect in software				
☐ Defect found (Software Defect Resolution Report required; attach to this form)				
	Technical Contact	Date		
Distribution				
Identify the additional YMP-LBNL activity or other YMP participant that will be using the released software. The use of the software by this activity must be encompassed within its use as given by the Requirements Specification.				
SCP Activity Number:				
Title:				
Identify Application:				
My review has certified that the software selected is applicable to the problem to be solved and I believe that inputs and assumptions are valid and traceable.				
Independent Reviewer		Date		
Originator				
☐ Technical Contact for identified software				
Principal Investigator for above-named activity				
Other				
Name:				
Address:		<u></u>		
Phone No./Fax:				
Signature:	Date:			

Send this form to: Software EA Specialist